

**DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)
WAIVER SERVICES
APPLICATION FOR QUALIFIED PROVIDERS**

1. APPLICANT INFORMATION:

Identify the partnership, corporation, or governmental agency applying to lawfully establish, conduct, and provide service.

Name:		
Address:		
City:	State:	Zip:
FEIN #:	Phone:	

Connecticut Administrator

Identify the person responsible for the overall management and oversight of the service(s) to be operated in Connecticut by the applicant.

Name:		
Title:		
Address:		
City:	State:	Zip:
Phone:	Fax Number:	
Email Address:		

Organizational Structure

Identify the organizational structure of the applicant's governing body.

Check one (1) of the following:

- | | |
|--|---|
| <input type="checkbox"/> Individual (proprietorship) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> For-Profit Corporation |
| <input type="checkbox"/> Public Agency | |

If the applicant has a parent corporation, please provide the following information:

Name of Corporation:		
Address:		
City:	State:	Zip:
Phone:	Fax Number:	
Principle of the Entity:	Title:	
Social Security #:	Phone:	
Email Address:		

Ownership Information

If the business is other than a not for profit, please list the name(s) and Social Security Numbers for individuals who own at least 5% interest in the business.

Name	Address	Soc Sec #	Percent
			%
			%
			%
			%
			%

Use separate sheet of paper if additional space is needed.

2. Service Information

Have you previously been enrolled by DDS as a Qualified Provider? Yes ☐ No ☐

Have you previously applied to DDS to become a Qualified Provider? Yes ☐ No ☐

Are you currently providing services funded by DDS? Yes ☐ No ☐

Are you currently a CT Medicaid Provider? Yes ☐ No ☐

Use **X** to indicate services the applicant is applying to provide.

Services to be Provided	<i>Direct Services</i>
	Adult Companion Services
	Adult Day Health
	Group Day Services
	Individualized Day Support
	Individualized Home Supports
	Personal Support
	Residential Habilitation:
	• Community Training Home
	• Community Living Arrangement
	• Continuous Residential Supports
	Supported Employment
	Respite Care - Facility
	Respite Care - Individual
	Transportation
	<i>Consultant Services</i>
	Clinical Behavioral Consultant
	Healthcare Coordination
	Interpreter Service
	Nutrition
	<i>Other Services</i>
	Assisted Living licensed by the Department of Public Health
	Environmental Modifications
	Independent Support Broker (formerly FICS)

Note: All supports are expected to be provided within the State of Connecticut. Applications for services provided outside of Connecticut are limited to locations within close proximity to the state borders or unique supports presently unavailable in the state. Prior approval by the Department of Developmental Services is required.

3. PROVIDER AGENCY ACKNOWLEDGEMENT

I certify that the information on this application are true and complete to the best of my knowledge and are made in good faith. I understand the partnership, corporation, or government agency is subject to disqualification if it knowingly makes any misstatement of fact. All statements made on this application, including employment information, are subject to verification as a condition of becoming a qualified provider.

I understand that the provider agency is responsible for submitting to DDS verification and documentation of its qualifications to render the Waiver Services indicated on this application.

Printed Name and Title

Signature of Principal of the Entity for Provider Agency

Date

4. ADMINISTRATOR'S CERTIFICATION

CRIMINAL CONVICTIONS: Answers to the following question will be considered for qualification purposes.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law).

Principle of the Entity ☐ Yes ☐ No **Connecticut Administrator** ☐ Yes ☐ No

If "Yes", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

Special Note: You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes §46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. §46b-146), an adjudication as a youthful offender (C.G.S. §54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. §54-142a).

I certify that the information regarding criminal convictions and employment history is true and complete to the best of my knowledge and is made in good faith. I understand the partnership, corporation, association, or governmental agency is subject to disqualification if I knowingly make any misstatement of fact. All statements made in reference to criminal convictions or employment history in regards to this application are subject to verification as a condition of becoming a qualified provider. I agree that I will notify the DDS Operation Center immediately in writing if I am arrested or convicted of a crime.

Signature Principal of the Entity For Provider Agency

Title

Date of Birth

Social Security Number

Date

Signature Connecticut Administrator For Provider Agency

Title

Date of Birth

Social Security Number

Date

Note all towns that agency with serve with an “X” next to the town.

TOWN	TOWN	TOWN	TOWN
ANDOVER	EAST HARTFORD	MONTVILLE	SOMERS
ANSONIA	EAST HAVEN	MORRIS	SOUTHBURY
ASHFORD	EAST LYME	NAUGATUCK	SOUTHINGTON
AVON	EASTON	NEW BRITAIN	SOUTH WINDSOR
BARKHAMSTED	EAST WINDSOR	NEW CANAAN	SPRAGUE
BEACON FALLS	ELLINGTON	NEW FAIRFIELD	STAFFORD
BERLIN	ENFIELD	NEW HARTFORD	STAMFORD
BETHANY	ESSEX	NEW HAVEN	STERLING
BETHEL	FAIRFIELD	NEWINGTON	STONINGTON
BETHLEHEM	FARMINGTON	NEW LONDON	STRATFORD
BLOOMFIELD	FRANKLIN	NEW MILFORD	SUFFIELD
BOLTON	GLASTONBURY	NEWTOWN	THOMASTON
BOZRAH	GOSHEN	NORFOLK	THOMPSON
BRANFORD	GRANBY	NORTH BRANFORD	TOLLAND
BRIDGEPORT	GREENWICH	NORTH CANAAN	TORRINGTON
BRIDGEWATER	GRISWOLD	NORTH HAVEN	TRUMBULL
BRISTOL	GROTON	NORTH STONINGTON	UNION
BROOKFIELD	GUILFORD	NORWALK	VERNON
BROOKLYN	HADDAM	NORWICH	VOLUNTOWN
BURLINGTON	HAMDEN	OLD LYME	WALLINGFORD
CANAAN	HAMPTON	OLD SAYBROOK	WARREN
CANTERBURY	HARTFORD	ORANGE	WASHINGTON
CANTON	HARTLAND	OXFORD	WATERBURY
CHAPLIN	HARWINTON	PLAINFIELD	WATERFORD
CHESHIRE	HEBRON	PLAINVILLE	WATERTOWN
CHESTER	KENT	PLYMOUTH	WESTBROOK
CLINTON	KILLINGLY	POMFRET	WEST HARTFORD
COLCHESTER	KILLINGWORTH	PORTLAND	WEST HAVEN
COLEBROOK	LEBANON	PRESTON	WESTON
COLUMBIA	LEDYARD	PROSPECT	WESTPORT
CORNWALL	LISBON	PUTNAM	WETHERSFIELD
COVENTRY	LITCHFIELD	REDDING	WILLINGTON
CROMWELL	LYME	RIDGEFIELD	WILTON
DANBURY	MADISON	ROCKY HILL	WINCHESTER
DARIEN	MANCHESTER	ROXBURY	WINDHAM
DEEP RIVER	MANSFIELD	SALEM	WINDSOR
DERBY	MARLBOROUGH	SALISBURY	WINDSOR LOCKS
DURHAM	MERIDEN	SCOTLAND	WOLCOTT
EASTFORD	MIDDLEBURY	SEYMOUR	WOODBRIIDGE
EAST GRANBY	MIDDLEFIELD	SHARON	WOODBURY
EAST HADDAM	MIDDLETOWN	SHELTON	WOODSTOCK
EAST HAMPTON	MILFORD	SHERMAN	
	MONROE	SIMSBURY	

INSTRUCTIONS:

1. A completed Department of Developmental Services "Application for Qualified Providers" form with attachments should be submitted to:

Maureen Prewitt
Department of Developmental Services
25 Creamery Road
Cheshire, CT 06410

2. Attachments:
 - Signed Assurance Agreement
 - Signed Provider Agreement
 - Documentation (See Components of a Complete Enrollment Packet) All documents must be clearly marked and identified
 - Licenses and Qualifications as applicable
3. The Department of Developmental Services will notify the Qualified Provider applicant in writing within 60 days if the application is complete and/or identify what information is missing or incomplete. The applicant will be given a time frame to provide the missing information.
4. Once an application packet is complete, the credentials of the individual, partnership, corporation, association, governmental agency, Connecticut Administrator and/or the Principal of the Entity will be verified. If the credentials are deemed to be acceptable, the provider will be interviewed by a Qualified Provider Committee. The committee may approve, approve with limitations, or deny an application. DDS will notify the applicant of an unacceptable credential or of the Committee's decision within a timely manner.
5. If an application is denied, the provider may submit an application one year from the date of notification of the denial.
6. The length of the qualification process is estimated to take between 90-120 days depending on the completeness of the packet.